

EXHIBIT 2

**INSTRUCTIONS FOR FILING A CLAIM FOR INDIVIDUAL MONETARY OR
HIRING RELIEF**

1. To be eligible for individual relief in this lawsuit (such as money or a job offer), you must return a completed Claim Form with your signature.

NOTE: Filling out the Claim Form does not guarantee that you will receive relief, but if you do not complete and return the Claim Form, you may not be eligible to receive any individual relief in this lawsuit.

2. This Claim Form includes a Release. Please be sure to fill out and sign the Claim Form AND the Release. The Release will only be used to obtain your earnings information if you are eligible for relief and to assist in calculating the amount of money you should receive.
3. **FILL OUT EVERY SECTION OF THIS CLAIM FORM.**
4. Mail your Claim Form and the attached Release to the address listed below. A return envelope has been enclosed for your convenience:

FDNY Litigation Team
U.S. Department of Justice
Civil Rights Division/ELS
P.O. Box 14400
Washington, DC 20004-4400

5. **All forms must be postmarked by [insert date] or else you will lose the chance to receive relief (such as money or a job offer), absent good cause.**
6. If you return the Claim Form and the attached Release:
 - The United States Department of Justice will evaluate your eligibility for individual relief.
 - We may ask for more information from you, so please look out for another mailing.
 - We will notify you of our initial eligibility determinations.
 - If you disagree with these determinations, you will have a chance to object.
 - The Court will make the final decision about whether you are eligible for relief.
7. Please retain existing records of your earnings information, employment history, and medical history for the period from 1999 to the present. You may be asked to provide these records.

GETTING MORE INFORMATION

If you are black or Hispanic...	<p>You may see an attorney at your own expense.</p> <p>You may visit <u>www.justice.gov/fdnycase</u>.</p> <p>You may call the Department of Justice at 1-800-556-1950 (mail box 7):</p> <ul style="list-style-type: none">▪ Leave a message with your full name,▪ Telephone number(s), and▪ Time when you can be reached.
If you are black and you were not hired by the FDNY....	<p>You may also call the Levy Ratner, P.C. law firm at 1-212-627-8100 ext. 269 to speak with an attorney representing Non-Hire claimants.</p> <p>Leave a message and you will be called back.</p> <p>You may visit <u>www.fdnycase.com</u></p>
If you are black and you were hired by the FDNY...	<p>You may also call the Center for Constitutional Rights at 1-212-614-6475 to speak with an attorney representing Delayed-Hire claimants.</p> <p>Leave a message and you will be called back.</p> <p>You may visit <u>www.fdnycase.com</u></p>
<p><i>Please do not contact the court for information about this lawsuit.</i></p>	

CLAIM FORM

Please type or print clearly.

I. Background Information

Name: _____
(first) (middle initial) (last)

Other name(s) used: _____

Social Security Number: _____ Date of Birth: _____
(mm/dd/yyyy)

Race: Black ☐ Hispanic ☐

(You may check only one box above, even if you identify as both black and Hispanic.)

Address: _____
(Number & Street) (Apt./Unit)

(City) (State) (Zip)

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Other Telephone: _____

Email address: _____

Please include all of your contact information.

II. Secondary Contact Information

Please list an individual who can reach you in the event your contact information should change.

Contact Person's Name: _____

Relation to You: _____

Contact Person's Home Telephone: _____

Contact Person's Work Telephone: _____

Contact Person's Cell Phone: _____

III. Consideration for Individual Relief

Please check the boxes for each type of relief you would like to be considered for. (You may check more than one box.)

- ☐ Backpay (monetary award for lost salary)
- ☐ Priority hiring with seniority into a firefighter job
- ☐ Award of seniority (for current firefighters)
- ☐ Compensatory damages (monetary award for damages other than lost salary; for black applicants only)

IV. Application and Employment History for Position of Entry-Level Firefighter with the FDNY

(1) Which entry-level firefighter exam(s) did you take? (Select all that apply.)

- ☐ Written Exam 7029 (first administered in 1999)
- ☐ Written Exam 2043 (first administered in 2002)
- ☐ Other: _____
- ☐ If you cannot recall the exam number, please give your best recollection of the year that you took a written examination for entry-level firefighter:

- (2) Are you currently employed by the FDNY? ☐ Yes ☐ No

If yes: When were you hired? _____ (mm/dd/yyyy)

What was your position at the time you were hired?

What is your current position? _____

- (3) Are you a former employee of the FDNY? ☐ Yes ☐ No

If yes: What position(s) did you hold? _____

Dates of employment: _____

When did you leave? _____ (mm/dd/yyyy)

Why did you leave? _____

V. Additional Information Necessary to Evaluate Eligibility

- (4) Are you a United States citizen?

☐ Yes ☐ No

If you are a naturalized U.S. Citizen, when did you obtain your citizenship?

Date: _____ (mm/dd/yyyy)

- (5) Have you ever been an active member of the United States military engaged in active duty?

☐ Yes ☐ No

(a) If so, what branch of service? _____

(b) If you checked "Yes," what are your dates of service? (mm/dd/yyyy)

_____ to _____ (for example, 06/02/2006 to Present)
Start Date End Date

(c) If you checked "Yes," did you receive a dishonorable discharge from the United States military?

☐ Yes* ☐ No

If yes, date of discharge: _____ (mm/dd/yyyy)

**Answering yes will NOT automatically disqualify you for individual relief*

(6) At the time you took the written examination, could you understand and be understood in English?

☐ Yes ☐ No

(7) Can you presently understand and be understood in English?

☐ Yes ☐ No

(8) Have you ever been convicted of a felony?

☐ Yes* ☐ No

If yes, date(s) of conviction: _____ (mm/dd/yyyy)

**Answering yes will NOT automatically disqualify you for individual relief*

VI. Acknowledgement and Certification that My Answers are True and Correct

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background may be requested, and I may be required to provide such information in order to be eligible to receive any of the relief the Court may order in this lawsuit; **and that filling out this Claim Form does not guarantee that I will be receive any individual relief awarded in this lawsuit.**

I CERTIFY under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Print Your Name Here: _____

SSA RELEASE
U.S. v. CITY OF NEW YORK

Name: _____ Social Security Number: _____

Date of Birth: _____ Other Name(s) Used: _____
(Include Maiden Name)

I, _____, authorize the Social Security
(Print your Name)

Administration ("SSA") to release detailed earnings information about me to the employees of the Department of Justice, Civil Rights Division, Employment Litigation Section who are personally and directly engaged in *United States v. City of New York*, Civ. Action No. 07-CV-2067, for the purpose of determining the amount payable to me pursuant to the Court's decision. I authorize SSA to provide this information to the Department of Justice for calendar years 1999 through 2011 inclusive. Please send this information to:

FDNY Litigation Team
U.S. Department of Justice
Civil Rights Division/ELS
P.O. Box 14400
Washington, DC 20004-4400

Signature: _____ Date: _____ *

Relationship: _____ Daytime Phone Number: _____

***The authorization in this Release must be submitted to SSA within 60 days of the signature. Therefore, please do not date this Release until you are ready to mail in your Claim Form.**